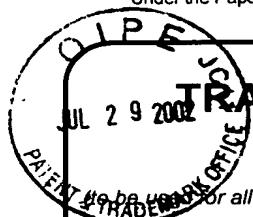


Please type a plus sign (+) inside this box → U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.TRANSMITTAL
FORM*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission

2

Application Number	10/042,811
Filing Date	January 8, 2002
First Named Inventor	Charles A. Dark et al.
Group Art Unit	2811
Examiner Name	Unknown

Attorney Docket Number

100-16900 (P05109)

ENCLOSURES (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final (Response) | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69)
and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input checked="" type="checkbox"/> Revocation of Power of Attorney By
Assignee and Appointment of New
Counsel and Change of Address | <input type="checkbox"/> Other Enclosure(s)
(please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Certificate of Mailing |
| <input type="checkbox"/> Certified Copy of Priority
Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> TECHNOLOGY CENTER 2800 |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application | <input type="checkbox"/> Remarks | <input type="checkbox"/> RECEIVED
AUG - 7 2002 |
| <input type="checkbox"/> Response to Missing
Parts under 37 CFR
1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Mark C. Pickering, Reg. No. 36,239

Signature

Date

July 24, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

July 24, 2002

Typed or printed name

Robin L. King

Signature

Date

July 24, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.